



NAMI MAINE STATEMENT ON THE GOVERNOR'S SUPPLEMENTAL BUDGET DECEMBER 2011

For the past ten years, Maine's governors and legislators have been seeking solutions to the growing cost of government services and the decrease in government revenues. The primary driver of government cost increases is the health care. Maine spends a great deal on the provision of care for people with mental illness: \$62,272,243 in paid claims for community-based Section 17 services (case management and other community support for people with serious and persistent mental illness), \$59,636,407 on PNMI funded supported housing, and \$142,059,806 on inpatient psychiatric care provided by the state's two psychiatric hospitals and the two private IMDs (Spring Harbor and Acadia). In 2009, Maine ranked first in per capita spending on mental health and 5th on inpatient psychiatric hospital beds. An additional complicating factor is that Maine has a larger proportion of its citizens in the MaineCare program than many other states and people with mental illness are usually over-represented in MaineCare because of limitations in private health insurance coverage.

Approximately one year ago, NAMI Maine called for changes in how we spend mental health dollars – wanting less high-cost inpatient care and more less costly preventive community-based support. On December 6, 2011 Governor LePage released a budget designed to address the current \$200,000,000 shortfall in the Medicaid program and anticipated future shortfalls. His plan *radically reduces the kinds of treatment that will be available to people on MaineCare as well as the number of people eligible for MaineCare.*

Last month, Commissioner of the Department of Health and Human Services, Mary Mahew, issued a RFI –seeking input from the healthcare community about value based purchasing. That document indicated that Maine intends to create different and more modern ways to pay for MaineCare services. It is unclear to NAMI Maine, how these two efforts connect. An additional complicating factor in the mental health budget is PNMI. Ever since Maine began moving people out of state mental hospitals and into community-based housing, we have used PNMI (a Medicaid funding category) to pay for these beds. Most of Maine's group homes and supported living services stay open using PNMI funding. *It is clear that the federal government will disallow the use of this funding mechanism in the near future* –which creates a pressing need to develop alternative strategies for supported housing. We must prevent the 6,000 adults and 300 children who live in these settings from entering homeless shelters, jails, and emergency rooms. All of these factors provide background to the Governor's budget.

NAMI Maine's response to the Governor's budget is:

“People with serious and persistent mental illness and those with co-occurring substance use disorders and their families need access to a core set of services in order to remain safe. These include: medication management, supported housing, supported employment, assertive community treatment (ACT), peer and family supports, and integrated care for mental health, substance use, and physical health. When they are acutely ill, they need inpatient hospital services of sufficient duration. Lack of access to these services leads to incarceration, extensive use of emergency rooms, and death. NAMI Maine supports the Governor's effort to contain MaineCare costs and to restructure service delivery. However, we cannot support the wholesale elimination of the following services. These services prevent the need for higher cost treatment and are, ultimately, life savers and cost savers.

- Supported housing (though we recognize that PNMI cannot be the mechanism for its funding);
- Consumer directed attendant services
- Dental care for adults
- Vision services
- Physical therapy
- Podiatry

We also do not support:

- A reduction in access to brand name prescriptions from 4/month to 2/month. There may be other ways to reduce costs without denying access.
- Limiting hospital outpatient visits to 15 per year and hospital admissions to 5 per year, unless there are ways to pursue exceptions.
- Removing 70,000 Mainers from MaineCare coverage.

We DO support: restructuring MaineCare, revised payment systems, more flexible approaches to how treatment is covered, increased access to and use of lower cost services, and all reasonable and responsible efforts to reduce the growth in the cost of healthcare.